



Application for Disability Retirement

**Public Employees' Retirement System
Teachers' Pension and Annuity Fund**

**State of New Jersey
Division of Pensions and Benefits**

**PO Box 297
Trenton, New Jersey 08625-0297**

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NOTICE TO ALL APPLICANTS

It is your responsibility to ensure that all forms or documents indicated with a check mark "✓" are submitted to the Division of Pensions and Benefits.

- ✓ ***Application for Disability Retirement***
- ✓ ***Authorization for Direct Deposit of Benefit Payment***
- ✓ ***Medical Examination by Personal or Treating Physician***
(two copies)
- ✓ ***Authorization to Disclose Health Information***
- ✓ ***Employer Certification for Disability Retirement***
- ✓ A copy of your birth certificate if you have not already submitted it to the Division of Pensions and Benefits.
- ✓ A copy of your beneficiary's birth certificate if you are choosing Option A, B, C, D, 2, or 3.

**IF YOU NEED HELP IN COMPLETING THIS APPLICATION,
CONTACT THE OFFICE OF CLIENT SERVICES AT**

(609) 292-7524

OR VISIT OUR OFFICE AT

**50 WEST STATE STREET
TRENTON, NEW JERSEY**

Disability Retirement

Public Employees' Retirement System and Teachers' Pension and Annuity Fund

READ FACT SHEET #15

This booklet includes Fact Sheet #15, *Disability Retirement Benefits*. **Read this fact sheet first** to determine if you qualify for a disability retirement. If you qualify, continue reading and follow the instructions to complete the application. If, after reading this information, you have questions about the qualifications for a disability retirement, call the Division of Pensions and Benefits at (609) 292-7524.

INTRODUCTION

This booklet includes all the information and forms needed to apply for an Ordinary or Accidental Disability retirement from the Public Employees' Retirement System (PERS) or the Teachers' Pension and Annuity Fund (TPAF).

The forms and other documents indicated with a check mark "✓" (in the list below) must be completed and submitted to the Division of Pensions and Benefits. **It is your responsibility to ensure that all forms are submitted to the Division within 90 days of the Division's receipt of your retirement application.** If all necessary forms are not submitted to the Division within that time frame, your retirement application will be canceled and you will need to submit another retirement application for a future retirement date.

This booklet contains:

- **Disability Retirement** — An introduction to disability retirement and information about the application process.
- **Fact Sheet #15, *Disability Retirement Benefits*.**
- **Fact Sheet #5, *Pension Options*.**
- **Fact Sheet #13, *Conversion of Group Life Insurance*.**
- ✓ ***Application for Disability Retirement*** — to be completed by the employee.
- ✓ Two ***Medical Examination*** forms — to be completed by your personal physicians (if hospital records are available, only one *Medical Examination* form is required).
- ✓ ***Authorization to Disclose Health Information Records*** — to be completed by the employee and forwarded to hospital(s). All hospital records obtained by the member

should be included in this package.

- ✓ ***Authorization for Direct Deposit of Benefit Payment.***
- ✓ ***Employer Certification for Disability Retirement*** — to be completed by the employer.
- ***Change of Disability Retirement Form.***

You should also submit:

- ✓ **A copy of your birth certificate** if you have not already submitted it to the Division of Pensions and Benefits.
- ✓ **A copy of your beneficiary's birth certificate** if you are choosing Option A, B, C, D, 2, or 3.

DISABILITY RETIREMENT PROCESS

The process starts with the filing of your *Application for Disability Retirement* with the Division of Pensions and Benefits. All retirements start on the first of a month. Your application must be received by the Division of Pensions and Benefits prior to your retirement date. Approximately two weeks after receipt of your application, the Division of Pensions and Benefits will send you an *estimate* of disability retirement benefits.

Disability retirements require approximately 3-5 months to process after we have received the required forms. Submit your *Application for Disability Retirement* as soon as possible as there is no provision for an interim benefit between your last day of salary and your first pension check.

It is your responsibility to ensure that all required forms are submitted. At the time you submit your application, you should complete the other required forms (listed above) and give them to your doctors, hospital, and employer, respectively. Provide all the medical documentation you have on your disability. The more complete your medical documentation, the better able the Medical Review Board will be to make a fully informed determination. However, **at least two corroborating pieces of medical documentation are required: either statements from two physicians or a physician statement and documentation from a hospital.** Failure to submit ALL medical documentation will result in the delay of processing your retirement benefit.

If you have only been treated by one doctor and have not been hospitalized for the disability, attach a note to your *Application for Disability Retirement* to advise us of this. We will arrange for another physician in your area to examine you and report back to us.

Your application and all medical information submitted in evidence will be reviewed by the retirement system Medical Review Board prior to its submission to the Board of Trustees. If you are filing for an Accidental Disability, you will be scheduled for an examination by a physician appointed by the retirement system. When the Medical Review Board feels they have sufficient medical information to offer a determination, they will forward your application to the Board of Trustees with a recommendation. The Board will make a final determination on your application at its monthly meeting and the Division of Pensions and Benefits will notify you of the Board's decision.

If your retirement is approved, the Retirement Bureau will send you a quotation of your retirement allowance and life insurance. If you have requested an Accidental Disability retirement and it is denied, but you are found to be totally and permanently disabled, you will be retired on the basis of an Ordinary Disability **provided you meet the service credit requirements**. If your retirement is not approved, you will be informed of any type(s) of retirement for which you do qualify and what the appeal procedures are.

Important: *Approval of Workers' Compensation, temporary or partial disability benefits, or Social Security disability benefits has no bearing on your approval for disability benefits payable by the retirement system.*

OUTSTANDING LOANS AT RETIREMENT

If you have a loan balance at retirement, you must decide whether you wish to carry monthly payments into retirement until the balance, with interest, is satisfied, or pay off the entire loan in a lump sum prior to receiving retirement benefits.

SACT AND THE STATE EMPLOYEES DEFERRED COMPENSATION PLAN

If you are a participant of the Supplemental Annuity Collective Trust (SACT) or the New Jersey State

Employees Deferred Compensation Plan, your benefits from these plans are separate. You may call the Supplemental Annuity Collective Trust, (609) 633-2031 or the Deferred Compensation Plan, (609) 292-3605, to obtain further information regarding payment options with each of these plans.

YOUR FIRST RETIREMENT CHECK

If your disability retirement is approved, the earliest your first retirement check can be paid is the first of the month following your retirement date or 30 days after approval by the PERS or TPAF Board of Trustees, whichever is later. This is when your retirement becomes "due and payable."

For example, a member who files his or her application well in advance for a June 1 retirement date, and is approved by the Board of Trustees on May 19, would receive the first retirement check on July 1 (this check pays the amount due for the month of June). If approval of the retirement is delayed, the first check will be retroactive to the original requested date of retirement.

Enclosed in this packet is a form for initiating the direct deposit of your retirement checks. Please complete the *Authorization for Direct Deposit of Benefit Payment* form and send it to the Division of Pensions and Benefits along with your retirement application.

CHANGING YOUR RETIREMENT

If, after applying for retirement, you wish to change your retirement date or retirement payment option selection, you must forward written notice to the Division's Retirement Bureau within 30 days of the approval of your retirement by the Board of Trustees or the effective retirement date, whichever is later. After that time, you cannot change your retirement date or payment option selection.

Changing or canceling your retirement does not guarantee continued employment with your employer.

Changes can be requested by letter or by using the *Change of Disability Retirement* form included in this booklet. If requesting a change of retirement date, your employer must also complete the salary and service certification on the back of the change form.

Disability Retirement Benefits

Public Employees' Retirement System • Teachers' Pension and Annuity Fund

ORDINARY DISABILITY

The processing of Ordinary Disability retirement benefits normally takes 3-5 months. To qualify for Ordinary Disability retirement benefits you must:

- have an active pension account (active membership ceases after discontinuance of pension contributions for more than two consecutive years¹ or withdrawal of member contributions from the retirement system); and
- have 10 or more years of New Jersey service credit in the pension system (the purchase of out-of-state, military, and U.S. government civilian service cannot be used to attain the 10 years); and
- be considered totally and permanently disabled (you must prove that you are physically or mentally incapacitated from performing your normal or assigned job duties with no possibility for significant improvement).

If the medical documentation supplied by you is not sufficient to support your claim of disability, you may be examined by physicians selected by the retirement system at no cost to you. The examination will be scheduled by the Division of Pensions and Benefits.

If you qualify for an Ordinary Disability retirement benefit, the annual benefit is equal to 43.6 percent of your Final Average Salary (FAS).

"Final Average Salary" means your average salary for the 36 months (30 months for members paid on that basis) immediately preceding your retirement on which pension contributions were taken. If your last 36 months are not your highest years of salary, your allowance may be calculated using your three highest fiscal years (July 1 to June 30) of salary. If this is

¹Special rules apply for former members who discontinued service after two years and terminated employment because of a disability. Contact the Division of Pensions and Benefits for more information.

the case, please indicate on your retirement application that you had higher fiscal years of salary.

Calculation Example: In the 36 months prior to retirement, a member's average salary was \$45,000. After approval of Ordinary Disability retirement benefits, the member would be entitled to an annual benefit of \$19,620 ($\$45,000 \times .436$) under the Maximum Option (see Fact Sheet #5, *Pension Options*, for an explanation on how to provide for survivor benefits).

The retirement benefit is not reduced by any Social Security, Workers' Compensation, or private insurance benefits that may be payable. However, any Workers' Compensation award you receive may be reduced. See your employer for details.

Ordinary Disability retirement benefits are subject to federal tax to the same extent as other pensions; your benefits are not subject to New Jersey State income tax until you reach age 65.

ACCIDENTAL DISABILITY

The processing of Accidental Disability retirement benefits normally takes 3-5 months. To qualify for Accidental Disability retirement benefits you must:

- have an active pension account (active membership ceases after discontinuance of pension contributions for more than two consecutive years¹);
- be an active member of the PERS or TPAF on the date of the traumatic event (see definition on page 2);
- be considered totally and permanently disabled (you must prove that you are physically or mentally incapacitated from performing your normal or assigned job duties with no possibility for significant improvement) as a direct result of a traumatic event that happened during and as a direct result of carrying out your regular or assigned job duties;
- file an application within five years of the date of the traumatic event; and

- be examined by physicians selected by the retirement system at no cost to you. The examination will be scheduled by the Division of Pensions and Benefits.

A "**Traumatic Event**" has been defined by the courts as one in which the worker is involuntarily exposed to a violent level of force or impact which is not brought into motion by the worker.

To be eligible for Accidental Disability retirement benefits, the worker must demonstrate that:

- the injury was not induced by normal work effort;
- the worker met involuntarily with the object that was the source of the harm; and
- the source of the injury was a violent or uncontrollable power.

The following would not be considered traumatic events:

- Slip and fall cases, no force or power originates anywhere except from the person falling and the gravitational force on the person was not considered "great";
- An instrument maker who injured his wrist when a jackhammer twisted in his hand was not injured as a direct result of a great rush of force or uncontrollable power;
- A member's heart attack, although the result of job stress and tension, was not considered a traumatic event.

If you qualify for an Accidental Disability retirement benefit, you will receive 72.7 percent of your base salary at the time of the traumatic event.

Calculation Example: On the date of the traumatic event that caused the member's disability, a member's annual salary was \$45,000. After approval of Accidental Disability retirement benefits, the member would be entitled to an annual benefit of \$32,715 (\$45,000 X .727) under the Maximum Option (see Fact Sheet #5, *Pension Options*, for an explanation on how to provide for survivor benefits).

If you are receiving periodic Workers' Compensation benefits, your Accidental Disability retirement bene-

fits will be reduced dollar for dollar by the periodic benefits paid after your retirement date. The retirement benefit is not reduced by any Social Security or private insurance benefits that may be payable.

The Division of Pensions and Benefits reports your Accidental Disability retirement benefit as exempt from federal income tax; your benefits are not subject to New Jersey State income tax until you reach age 65.

If you apply for Accidental Disability retirement and are found by the Board of Trustees to be totally and permanently disabled, but not because of a traumatic event or the event was not the primary cause of your disability, you will be retired on an Ordinary Disability if you have 10 years of New Jersey service in the retirement system. You may be offered a Service or Early Retirement (this depends on your age and service credit at the time the application was received).

APPLYING FOR DISABILITY RETIREMENT BENEFITS

An *Application for Disability Retirement* is only available from the Division of Pensions and Benefits or on our Web site: www.state.nj.us.treasury/pensions

The *Application for Disability Retirement* includes forms for your physicians to complete and a release for any hospital records related to your disability. Applicants for disability retirement must submit all supporting hospital and physician records. At least two forms of medical documentation are required; i.e. a statement from two treating physicians or one statement and records from a hospital stay related to the disability. Applications and supporting documents should be submitted to:

**Division of Pensions and Benefits
Disability Review Unit
PO Box 297
Trenton, NJ 08625-0297**

All medical information is confidential and used only by the Board of Trustees in reviewing the claim.

You must pay for the cost of any medical documentation that may be required to prove your claim. For example, if you had a hospital stay due to your dis-

ability and the hospital charges for the duplication of medical records from your stay, you would be responsible for any cost involved. The more complete the application, the faster it can be processed.

In order to be eligible to receive either Ordinary or Accidental Disability retirement benefits, you must terminate all retirement system covered employment prior to your retirement date.

Your employer has the right to apply for an involuntary disability retirement on your behalf.

The approval of Workers' Compensation or Social Security Disability benefits has no bearing on your application for disability retirement from the retirement system.

If you retire with an outstanding loan balance, your monthly loan repayment schedule will continue into retirement until the loan balance plus interest has been repaid.

OTHER INFORMATION

Group Life Insurance

Most members of the retirement system are covered by group life insurance. If you are covered immediately prior to your retirement, you are entitled to reduced coverage in retirement as follows:

PERS Members

If you retire on a disability retirement, you are covered by group life insurance in the amount of 1½ times your final salary until age 60. At age 60 your life insurance coverage automatically reduces to 3/16 of your final salary.

TPAF Members

- If you retire on a disability retirement with contributory and noncontributory group life insurance, you are covered by group life insurance in the amount of 1¾ times your final salary until age 60, when your life insurance coverage automatically reduces to 7/16 of your final salary.
- If you retire on a disability retirement with non-contributory group life insurance *only*, you are

covered by group life insurance in the amount of 1½ times your final salary until age 60, when your life insurance coverage automatically reduces to 3/16 of your final salary.

Conversion

When your group life insurance is reduced, you have 31 days to convert the amount of insurance reduced to private individual insurance coverage. Please see Fact Sheet #13, *Conversion of Life Insurance*, for more detailed information.

Employment after Retirement

Since Ordinary and Accidental Disability benefits are considered retirement benefits, you no longer accumulate pension membership credit in the retirement system after approval by the Board of Trustees. Normally, all PERS and TPAF disability retirees are subject to an annual earnings test. If your pension, when added to the earnings from employment, exceeds what your former position currently pays, your pension will be reduced dollar for dollar by the excess earnings over the current salary of your former position. Each year the Division of Pensions and Benefits may request copies of your previous year's federal tax return and W-2s.

If you return to employment in a position covered by the same retirement system from which you retired (and if the PERS position pays more than \$1,500 per year or the TPAF position pays more than \$500 per year), you should expect to cancel your retirement and re-enroll in the retirement system. Contact the Division of Pensions and Benefits and request Fact Sheet #21, *Employment After Retirement (PERS)* or #28, *Employment After Retirement (TPAF)* on the procedures to follow when returning to public employment in New Jersey.

Health Benefits

Fact Sheet #11, *Enrolling in the State Health Benefits Program When You Retire*, provides information about continuing your State Health Benefits Program coverage in retirement.

If you are not covered by the State Health Benefits Program, contact your employer about continuing your coverage.

Cost of Living Adjustments

The Pension Adjustment Program provides cost-of-living adjustments (COLA) to you and your eligible survivors if you are receiving a monthly retirement allowance from one of the state-administered retirement systems. The first adjustment is available in the 25th month after your retirement. Subsequent cost-of-living adjustments are computed annually and the adjustment is reflected in the February 1st check (which is payment for the month of January). If your spouse or beneficiary is entitled to receive a monthly pension upon your death, the COLA will be applied to that benefit based upon your year of retirement. See Fact Sheet #18, *Cost-of-Living Adjustments*, for further information.

Fact Sheets

To obtain any of the fact sheets mentioned above, call the Benefit Information Library at (609) 777-1931. You may request to have the fact sheets mailed or faxed. To receive a fact sheet by mail, enter the information selection number (see Mail in the following list) for the fact sheet and after the recorded message, leave the requested mailing information. To have the fact sheet sent directly to your fax machine, select the Fax on Demand option and enter fax selection number along with the area code and number of your fax machine.

The selection numbers are as follows:

Fact Sheet	Mail	Fax
Fact Sheet #5, <i>Pension Options</i>	#202	#8202
Fact Sheet #11, <i>Enrolling in the State Health Benefits Program When You Retire</i>	#208	#8208
Fact Sheet #13, <i>Conversion of Life Insurance</i>	#245	#8245
Fact Sheet #18, <i>Cost-of-Living Adjustments</i>	#100	#8100
Fact Sheet #21, <i>Employment After Retirement (PERS)</i>	#101	#8101
Fact Sheet #28, <i>Employment After Retirement (TPAF)</i>	#108	#8107

Fact Sheets Online

These publications are also available for viewing or printing over the Internet. The Division of Pensions and Benefits home page address is:

www.state.nj.us/treasury/pensions

This fact sheet has been produced and distributed by:

**New Jersey Division of Pensions and Benefits • PO Box 295 • Trenton, New Jersey 08625-0295
(609) 292-7524 • TDD for the hearing impaired (609) 292-7718**

URL: <http://www.state.nj.us/treasury/pensions> • E-mail: pensions.nj@treas.state.nj.us

This fact sheet is a summary and not intended to provide total information.
Although every attempt at accuracy is made, it cannot be guaranteed.

Pension Options

Public Employees' Retirement System • Teachers' Pension and Annuity Fund

ESTIMATING YOUR RETIREMENT ALLOWANCE

If you are within two years of retirement, you may obtain a written *Estimate of Retirement Benefits* by completing a *Request for Retirement Estimate* form, available from your employer or the Division of Pensions and Benefits. You may also call the Division of Pensions and Benefits' Automated Information System at (609) 777-1777 to hear an Estimate of Your Retirement Benefits over the phone. Please have your Social Security number available when you call. If you provide us with the birth date of your beneficiary, we will estimate not only the Maximum Option but also the alternate payment options described in this fact sheet. (Telephone estimates are not available for members of the PERS Prosecutors Part, Workers' Compensation Judges, or PERS Law Enforcement Officers-LEOs.)

If you are more than two years from retirement, you may calculate your own retirement allowance using the online retirement estimate calculator on the Division of Pensions and Benefits Web site: www.state.nj.us/treasury/pensions, or using the worksheet and instructions in Fact Sheet #54, *Calculating Your Own Retirement Allowance* (see the instructions at the end of this fact sheet for instructions on how to request Fact Sheet #54).

RETIREMENT PAYMENT OPTIONS

To plan for a successful retirement, you must be familiar with the retirement payment options available to you from the retirement system. You should also consider your financial needs in retirement, your health, your beneficiary's health, the need to provide survivor benefits, life insurance benefits available, income from other sources, such as Social Security benefits, investments, etc.

When you apply for retirement, you will have to choose one of nine ways to receive your retirement benefits. Please be sure you understand the different payment options available to you because, **once you have made your choice and your retirement becomes due and payable (usually when your**

first check is issued), you cannot change your payment option.

Maximum Option - No Pension Benefit to a Beneficiary

The Maximum Option, also called a single-life annuity, is the highest amount payable and provides a retirement benefit to you for the remainder of your life. If you are not concerned with providing either a lump-sum benefit or providing a monthly income to another person after your death, the Maximum Option may be the most appropriate payment choice for you. The benefit payments continue for your lifetime only. Upon your death, benefits end and your survivors do not receive a pension allowance.

If you die before receiving, through your retirement allowance, the amount that you paid into the retirement system while working (including interest on those contributions), the balance of your contributions will be paid to your beneficiary.

OPTIONS OTHER THAN THE MAXIMUM

Under Options A, B, C, or D you receive a smaller monthly benefit than that provided under the Maximum Option so that, upon your death, your beneficiary will receive a lifetime monthly pension. The percentage of reduction is based on the life expectancies of both you and your beneficiary at the time of your retirement and the option selected. Therefore, the younger your beneficiary, the greater the percentage of reduction in your benefit. Your beneficiary under these options must be an individual. You may not designate a charity, institution, your estate, etc. as a beneficiary.

Option A - 100% to Beneficiary - Increase to Maximum Option

Option A, also called a 100% joint and survivor benefit, provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive 100% of your monthly retirement allowance for life. If your beneficiary dies before you, your retirement allowance will increase to

the Maximum Option. You can name only one beneficiary for this benefit and your beneficiary can never be changed after retirement.

Option B - 75% to Beneficiary - Increase to Maximum Option

Option B, also called a 75% joint and survivor benefit, provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive 75% of your monthly retirement allowance for life. If your beneficiary dies before you, your retirement allowance will increase to the Maximum Option. You can name only one beneficiary for this benefit and your beneficiary can never be changed after retirement.

Option C - 50% to Beneficiary - Increase to Maximum Option

Option C, also called a 50% joint and survivor benefit, provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive half of your monthly retirement allowance for life. If your beneficiary dies before you, your retirement allowance will increase to the Maximum Option. You can name only one beneficiary for this benefit and your beneficiary can never be changed after retirement.

Option D - 25% to Beneficiary - Increase to Maximum Option

Option D, also called a 25% joint and survivor benefit, provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive 25% of your monthly retirement allowance for life. If your beneficiary dies before you, your retirement allowance will increase to the Maximum Option. You can name only one beneficiary for this benefit and your beneficiary can never be changed after retirement.

Option 1 - Reducing Retirement Reserve to a Beneficiary

Option 1 provides a lifetime monthly payment to you. Your retirement allowance is reduced from what you could collect under the Maximum Option. It is also different from the Maximum Option in that it *may* provide a lump-sum payment to your beneficiary after your death. At the time of your retirement, the amount expected to be paid to you in retirement benefits over

your lifetime is calculated. This is called your retirement reserve. If you die before you receive monthly retirement benefits equal to your retirement reserve, your beneficiary is entitled to the balance. The balance will be paid in a lump sum or the beneficiary may request payment in equal monthly payments over 5, 10, 15, or 20 years or as a life annuity.

You may name more than one beneficiary for this option and you can change your beneficiary at any time. Your beneficiary may be a person, a charity, an institution, or your estate.

For example, if your monthly retirement allowance is \$2,000 and your retirement reserve is \$230,400, your beneficiary would be entitled to the following payment depending on when you died (16 or 120 months after retirement as shown below).

Retirement Reserve	\$ 230,400
Retirement Benefits Paid (death at 16 months)	\$ 32,000
Beneficiary Benefit	\$ 198,400

Retirement Reserve	\$ 230,400
Retirement Benefits Paid (death at 120 months)	\$ 240,000
Beneficiary Benefit	\$ 0

Since the retirement reserve is based on your retirement allowance and your life expectancy, your own reserve may be much different than this example.

Under Options 2, 3, or 4 you receive a smaller monthly benefit than that provided under the Maximum Option so that, upon your death, your beneficiary will receive a lifetime monthly pension. The percentage of reduction is based on the life expectancies of both you and your beneficiary at the time of your retirement and the option selected. Therefore, the younger your beneficiary, the greater the percentage of reduction in your benefit. Your beneficiary under these options must be an individual. You may not designate a charity, institution, your estate, etc. as a beneficiary.

Option 2 - 100% to Beneficiary - Permanent Reduction

Option 2, also called a 100% joint and survivor benefit, provides a lifetime monthly payment to you. If

your beneficiary is living at the time of your death, your beneficiary will receive 100% of your monthly retirement allowance for life. You can name only one beneficiary for this benefit and your beneficiary can never be changed after retirement. This is similar to Option A except that if your beneficiary dies before you, you will continue to receive the reduced retirement allowance you had been receiving under this option.

Option 3 - 50% to Beneficiary - Permanent Reduction

Option 3, also called a 50% joint and survivor benefit, provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive one-half of your monthly retirement allowance for life. You can name only one beneficiary to receive this benefit and the beneficiary can never be changed after retirement. This is similar to Option C except that if your beneficiary dies before you, you will continue to receive the reduced retirement allowance you had been receiving under this option.

Option 4 - Choice of Amount to Beneficiary - Permanent Reduction

If the preceding payment options do not meet your financial needs, you may want to consider this option. Option 4 provides a lifetime monthly payment to you. If your beneficiary is living at the time of your death, your beneficiary will receive whatever monthly allowance you decide for life. (This can be

no more than your own allowance.) You can name one beneficiary or multiple beneficiaries to receive this benefit and the beneficiary(ies) can never be changed after retirement. If your beneficiary dies before you, you will continue to receive the reduced retirement allowance you had been receiving under this option.

Age Limits on Non-spouse Beneficiaries

For all options, you can name your spouse* as your beneficiary regardless of your spouse's age. For Options 1, 3, C, or D, you can name someone other than your spouse as beneficiary regardless of age.

For Options 2 and A (100% to beneficiary), if you are naming a beneficiary who is not your spouse, Internal Revenue Service regulations restrict the age of your beneficiary to no more than 10 years younger than you.

For Option B (75% to beneficiary) you can name a non-spouse who is no more than 19 years younger than you.

If you name a non-spouse beneficiary under Option 4, if the dollar amount of your beneficiary's pension is more than half of your allowance, restrictions on your beneficiary's age apply.

**Since the Internal Revenue Service is a federal agency, a domestic partner as defined under Chapter 246, P.L. 2003 does not qualify as a spouse under these circumstances and would be subject to the age limitations described.*

Pension Benefit to Beneficiary Upon Death of Retiree

	None	Lump Sum	100% of Retirement Allowance	75% of Retirement Allowance	50% of Retirement Allowance	25% of Retirement Allowance
Maximum	X					
Option A			X			
Option B				X		
Option C					X	
Option D						X
Option 1		X				
Option 2			X			
Option 3					X	
Option 4 [†]				X	X	X

[†]Under Option 4 you can name any dollar amount less than your allowance to be paid to a beneficiary.

Proof of Age Documentation

If you choose Option 2, 3, 4, A, B, C, or D, proof of age documentation is required for both you and your designated beneficiary. You should submit photocopies of the proof of age documentation at the time you submit your *Application for Retirement Allowance*.

WHAT HAPPENS TO RETIREE ALLOWANCE IF BENEFICIARY DIES BEFORE RETIREE?

Under Options 2, 3, and 4, if your beneficiary dies before you, your retirement allowance remains at the reduced option level. Under Options A, B, C, and D, if your beneficiary dies before you, your retirement increases to the Maximum Option. Options A through D provide a smaller retirement allowance to you and your beneficiary, when compared to similar Options 2, 3, and 4, to pay for the larger retirement allowance you would collect if your beneficiary dies before you.

Retiree Allowance Upon Death of Beneficiary

	Stays at Reduced Option Allowance	Increases to Maximum Allowance
Maximum	N/A	N/A
Option A		X
Option B		X
Option C		X
Option D		X
Option 1	X	
Option 2	X	
Option 3	X	
Option 4	X	

LIFE INSURANCE AFTER RETIREMENT

Most members of the Public Employees' Retirement System (PERS) and Teachers' Pension and Annuity Fund (TPAF) are covered by group life insurance while employed. At retirement, those members will receive a reduced life insurance benefit to be paid to their beneficiary upon their death, provided that they have credit for at least 10 years of service in the pension plan.

You may want to leave a pension option benefit to your beneficiary in addition to the life insurance.

ADDITIONAL INFORMATION

If, after reading this fact sheet, you have questions about your pension options, contact the Division of Pensions and Benefits Office of Client Services at (609) 292-7524, or send e-mail to:

pensions.nj@treas.state.nj.us

To obtain a copy of Fact Sheet #54, *Calculating Your Own Retirement Allowance* call our Benefit Information Library at (609) 777-1931. You may request to have the fact sheet mailed or faxed. To receive a fact sheet by mail, enter the information selection number 207 and after the recorded message, leave the requested mailing information. To have the fact sheet sent directly to your fax machine, select the Fax on Demand option and enter fax selection number 8207 along with the area code and number of your fax machine. The fact sheet is also available over the Internet at the Division of Pensions and Benefits home page:

www.state.nj.us/treasury/pensions

This fact sheet has been produced and distributed by:

**New Jersey Division of Pensions and Benefits • PO Box 295 • Trenton, New Jersey 08625-0295
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This fact sheet is a summary and not intended to provide total information.

Although every attempt at accuracy is made, it cannot be guaranteed.

Conversion of Group Life Insurance

All Funds

If you are covered by group life insurance while employed, the coverage ends 31 days after you cease employment (whether for reasons of retirement, termination of employment, or leave of absence without pay).

You have the option to convert your group life insurance coverage to an individual policy with the Prudential Insurance Company when you retire, terminate employment, or lose coverage while on a leave of absence without pay. **This conversion to a Prudential policy is guaranteed (you cannot be denied coverage for health or other reasons), but it may be more expensive or less suitable to your needs than other policies for which you may qualify from Prudential or other insurance carriers.** You should contact other insurance carriers and compare the available policies and costs before you decide to purchase the conversion policy. (Other carriers may accept or reject your application based on their evaluation of the status of your health and other factors.) **If you wish to purchase a conversion policy, you have a one time option to do so prior to the 31st day after you cease employment. After that date, you will not be eligible to purchase a conversion policy.**

You may convert your life insurance to any individual, non-group policy customarily offered by Prudential. However, you cannot convert to term insurance or a policy containing disability benefits. Under a guaranteed conversion, the premiums you pay are Prudential's "standard" rates for the type of policy to which you would be converting. The individual policy will be effective at the end of the 31 day conversion grace period. If you do not convert to an individual policy by the end of the 31 day period, your coverage will end.

To initiate the purchase of a conversion policy, you must contact the Prudential Insurance Company (not the Division of Pensions and Benefits) through any of its local offices or if you live in New Jersey, by calling 1-800-262-1112. You will need to provide your group insurance policy number, as follows:

- G-14800 - This is the policy number for the basic (noncontributory) group life insurance for

the following pension systems: ABP¹, PERS², TPAF³, JRS⁴, PFRS⁵, SPRS⁶

- G-13900 - This is the policy number for the contributory group life insurance for PERS
- G-14300 - This is the policy number for the contributory group life insurance for TPAF

The conversion policy can be for any amount of insurance up to the amount that you had while employed. (In the case of a retirement the maximum amount that you can purchase will be reduced by the amount of any life insurance that you will automatically receive in retirement under your retirement plan. See example under Retirement.) *To protect your conversion privilege it is suggested that you send your application for conversion to Prudential with at least one month's premium, at the time you file your retirement application with the Division of Pensions and Benefits.*

The following sections provide more detailed information about conversion policies for the specific situations of retirement, i.e., deferred retirement, disability retirement, and termination of employment or leave of absence.

RETIREMENT

If you retire with 10 or more years of service credit in the retirement system, the amount of your group life insurance will be substantially reduced when you retire. The amount of your coverage will be listed in the Quotation of Retirement Benefits that you will receive prior to your retirement. It will be identified as the "Lump Sum Death Benefit." You will automatically be covered by this insurance and do not need to do anything to qualify.

If you retire with less than 10 years of service credit in the retirement system, you will not receive any group life insurance coverage (for the exception, see

¹ABP — Alternate Benefit Program

²PERS — Public Employees' Retirement System

³TPAF — Teachers' Pension and Annuity Fund

⁴JRS — Judicial Retirement System

⁵PFRS — Police and Firemen's Retirement System

⁶SPRS — State Police Retirement System

"Disability Retirement" below).

The reduction (or elimination) of your life insurance coverage will be effective 31 days after your date of termination. If you wish to supplement this coverage with either a conversion policy from Prudential or another type of policy from Prudential or another insurance carrier, it would be best to begin exploring your options at least four months prior to your retirement.

EXAMPLE: If you had group life insurance of \$96,000 through the retirement system while employed, and that life insurance coverage drops to \$6,000 at retirement, you can purchase up to \$90,000 in life insurance coverage under an individual non-group policy by contacting a Prudential agent before 31 days following your termination of employment.

Deferred Retirement (Does not apply to ABP)

Your life insurance coverage will end 31 days after termination of employment. Any life insurance coverage to which you are entitled upon retirement will not take effect until you reach the normal retirement age for your pension system and begin to receive retirement benefits (age 60 for PERS, TPAF, and JRS; age 55 for PFRS and SPRS).

You have the one-time option to purchase a conversion policy prior to the 31st day after termination of employment (**not at the time that you reach normal retirement age**). The maximum amount of coverage that you may purchase will be the difference between the amount of coverage you had while employed and the amount of coverage that you will automatically receive when you begin to receive retirement benefits.

Disability Retirement (Does not apply to ABP)

If you are approved for a disability retirement you will automatically be covered by life insurance until you reach the normal retirement age (age 60 for PERS, TPAF, and JRS; age 55 for PFRS and SPRS). The amount of this coverage will be equal to the amount of the noncontributory insurance coverage that you had while employed.

You will have the option to purchase a conversion policy up until the day you reach normal retirement age

for your pension system. The maximum amount of coverage that you may purchase will be the difference between the amount of noncontributory coverage you had while employed and the amount of coverage that you will automatically receive when you reach the normal retirement age.

If you also had contributory life insurance while employed, you may convert the amount of your contributory insurance until 31 days after termination of employment. Whether or not you exercise this option, you will still have the option to convert the noncontributory portion of your life insurance up until the day that you reach normal retirement age.

TERMINATION OF EMPLOYMENT OR LEAVE OF ABSENCE

If you terminate employment without applying for retirement or your insured period during a leave of absence expires, you will continue to be covered for the next 31 days. Up until the end of that 31 day period, you may convert your group life insurance, without medical examination, to any individual policy customarily offered by Prudential except term insurance or a policy containing disability benefits.

EXAMPLE: If you had group life insurance of \$96,000 through the retirement system while employed, that life insurance coverage is eliminated at termination of employment. You can purchase up to \$96,000 in life insurance coverage under an individual non-group policy by contacting a Prudential agent before 31 days following your termination of employment.

RETURN TO PUBLIC EMPLOYMENT

If you return to public employment after the purchase of a conversion policy, you must discontinue your individual conversion policy. If you do not, you will be required to submit satisfactory proof of insurability before you can be covered again in full under a group life insurance policy.

The Division of Pensions and Benefits cannot provide premium rates for converted life insurance policies. Please contact a Prudential agent for this information.

This fact sheet has been produced and distributed by:

**New Jersey Division of Pensions and Benefits • PO Box 295 • Trenton, New Jersey 08625-0295
(609) 292-7524 • TDD for the hearing impaired (609) 292-7718**

URL: <http://www.state.nj.us/treasury/pensions> • E-mail: pensions.nj@treas.state.nj.us

This fact sheet is a summary and not intended to provide total information.
Although every attempt at accuracy is made, it cannot be guaranteed.

**PUBLIC EMPLOYEES' RETIREMENT SYSTEM AND TEACHERS' PENSION AND ANNUITY FUND
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS**

APPLICATION FOR DISABILITY RETIREMENT

**PLEASE READ THESE INSTRUCTIONS AND FACT SHEET #15 CAREFULLY
BEFORE COMPLETING THIS APPLICATION.**

PLEASE DETACH THE APPLICATION FROM THE BOOKLET BEFORE MAILING.

When to File — All retirements are effective on the first of the month. File this application with the Division of Pensions and Benefits before your retirement date or you will lose benefits. Four to six months advance filing is recommended. You must terminate employment before your retirement date. Mail your completed application to the New Jersey Division of Pensions and Benefits, Disability Review Unit, PO Box 297, Trenton, NJ 08625-0297.

INSTRUCTIONS

Please print — black ink preferred — or type.

PART ONE:

ITEM 1: PENSION FUND - Indicate the pension fund of which you are a member, the Public Employees' Retirement System (PERS), or the Teachers' Pension and Annuity Fund (TPAF).

ITEM 2: MEMBERSHIP NUMBER - Enter your pension fund membership number shown on your annual statement. If you are not sure of your number, contact your personnel or payroll office.

ITEM 3: SOCIAL SECURITY NUMBER - Enter your Social Security number.

ITEM 4: DATE OF BIRTH - Insert the month, day, and year of your birth. You should submit a copy of your birth or baptismal certificate if you have not already done so. *(Do not delay filing the application if this document is not readily available).*

ITEM 5: NAME - Enter your full name.

ITEM 6: ADDRESS - Enter your present mailing address. Report any change of address before you begin receiving a pension to the Retirement Bureau at the address shown above. Provide your Social Security number and retirement date in the letter. Or, you may change your address over the Internet by using our online change of address form for pending retirees at: www.state.nj.us/treasury/pensions

ITEM 7 AND 8: TELEPHONE NUMBERS - Enter your home and work telephone numbers. Include your area code.

ITEM 9: HOME E-MAIL ADDRESS - Enter your home e-mail address, if you have one.

PART TWO:

ITEM 10: RETIREMENT DATE - Enter the date you wish to retire. All retirements are effective on the first of a month. The earliest retirement date available to you is the first of the month following the Division's receipt of your application. Your application must be received in this office prior to your retirement date. Your first retirement check will be dated no earlier than the first of the month after your retirement date or 30 days after approval by the PERS or TPAF Board of Trustees, whichever is later.

ITEM 11: TYPE OF DISABILITY RETIREMENT - Indicate the type of retirement for which you are applying. See Fact Sheet #15, *Disability Retirement Benefits* (included in this booklet), for an explanation of each type. If you are requesting an Accidental Disability retirement, enter the date(s) of the accident(s) which caused the disability.

ITEM 12: WORKERS' COMPENSATION - Indicate if a Workers' Compensation claim has been filed. Please see Fact Sheet #45, *Workers' Compensation*, for additional information.

ITEM 13: DISABILITY INFORMATION - Enter the title or position you currently hold; then state in layman's terms why you are no longer capable of performing your job. Be as specific as possible. If you need more space write "see attached" and label the additional page(s), "Disability Description." These additional pages must be signed and dated. Supporting medical information must be submitted prior to your application being approved.

ITEM 14: DESCRIPTION OF ACCIDENT - **Complete this item only if you are filing for an Accidental Disability.** Briefly describe what

happened in the accident(s) that caused your disability. List any witnesses to the accident(s) and attach a copy of any accident reports that were filed.

ITEM 15: SALARY INFORMATION - If applying for an Ordinary Disability Retirement, your retirement allowance is based on the last three years of salary or the three fiscal years (July - June) during which your earnings were the highest. If your last three years were your highest years of salary, check "Yes." If you earned more during previous years than you did during your last three years, check "No" and indicate the dates of the three highest fiscal years.

ITEM 16: PURCHASE INFORMATION - If you have applied to purchase service credit within six months of your filing this retirement application, check "yes."

ITEM 17 AND 18: SPOUSE OR DOMESTIC PARTNER'S NAME AND ADDRESS - If you are currently married or have entered into a domestic partnership,* provide your spouse or domestic partner's name. Provide your spouse or domestic partner's address if it is different from your address entered in item 6. If you are unmarried, widowed, or divorced, enter N/A.

PART THREE:

CHOOSE A RETIREMENT PAYMENT OPTION - See Fact Sheet #5, *Pension Options* (included in this booklet), for an explanation of the available payment options. **Mark only one box.**

MAXIMUM OPTION AND OPTION 1 - If you select the Maximum Option or Option 1, name a beneficiary (or beneficiaries) in the space provided. Please include the beneficiary's full name, relationship to you (if not related, write "friend"), date of birth, Social Security number (optional), and mailing address.

Even if you choose the Maximum Option, it is to your benefit to name a beneficiary. The beneficiary named in this section will receive any

undistributed pension contributions and any issued, but uncashed pension checks remaining at your death. The beneficiary will also receive any Option 1 benefits that may be payable if you selected that option.

Under the Maximum Option and Option 1, you may name any person or persons as well as an institution, charity, organization, your estate, etc., as a beneficiary. *If you designate an institution, charity, or organization, in order to insure that this designee is a legal entity, we require the beneficiary's tax identification number.*

If you choose the Maximum Option, you must sign the application in the space indicated to acknowledge your understanding that **no monthly benefit is payable to a spouse or beneficiary upon your death.** The law also requires that the Division notify your spouse or domestic partner* if you choose the Maximum Option. If you are currently married or have entered into a domestic partnership, please enter your spouse or domestic partner's name and mailing address (if different than yours) in items 16 and 17. If you are unmarried, widowed, or divorced, enter N/A.

ADDITIONAL OPTIONS THAT PROVIDE A MONTHLY PAYMENT TO A SURVIVING BENEFICIARY - To provide a monthly benefit to a spouse or other beneficiary, you may choose one of the following options: A, B, C, D, 2, 3, or 4. Selecting an option other than the Maximum Option will reduce your retirement allowance to provide a benefit to a beneficiary upon your death. The higher your beneficiary's allowance, the more your allowance will be reduced. Your option selection is irrevocable (cannot be changed under any circumstances) once your retirement becomes "due and payable" (see "Your First Retirement Check" on page 2).

If you do not understand your payment options, call the Division of Pensions and Benefits for assistance at (609) 292-7524.

*A domestic partner is defined for pension purposes under Chapter 246, P.L. 2003 as a person of the same sex with whom you have entered into a domestic partnership and received a *Certificate of Domestic Partnership* from the State of New Jersey (or a valid certification from another jurisdiction that recognizes same-sex domestic partners, civil unions, or similar same-sex relationships). If you are naming a domestic partner as a beneficiary, a photocopy of your *Certificate of Domestic Partnership* is required by the Division of Pensions and Benefits along with your *Application for Disability Retirement*.

Name your beneficiary in the space provided.

- If you select Option A, B, C, D, 2, or 3, you may name only one person as a beneficiary.
- If you select Option 4, you may name multiple beneficiaries to share the benefit. A separate beneficiary designation area is provided if you choose this option (to name 3 or more beneficiaries, list the beneficiary information on an additional sheet, sign it, and attach it to your application).

Please include the beneficiary's full name, relationship to you (if not related, write "friend"), date of birth, Social Security number (optional), and mailing address.

For Options A, B, C, D, 2, 3, or 4, please also attach a photocopy of the beneficiary's birth certificate.

The designation of beneficiary becomes effective when your *Application for Disability Retirement* is received by the Division of Pensions and Benefits.

MEMBER'S SIGNATURE AND DATE - Sign and date the option selection page where appropriate. Your application cannot be processed without your signature.

PART FOUR:

DESIGNATION OF GROUP LIFE INSURANCE BENEFICIARY - Most members of the retirement systems are covered by group life insurance. See Fact Sheet #15, *Disability Retirement*, for more information about group life insurance coverage while on a disability retirement.

You may name any person or persons as well as an institution, charity, organization, your estate, etc., as a life insurance beneficiary. *If you designate an institution, charity, or organization, in order to insure that this designee is a legal entity, we require the beneficiary's tax identification number.* You may also name multiple beneficiaries for this benefit. You may change your group life insurance beneficiary at any time. For additional details about special designations see Fact Sheet #68, *Designating a Beneficiary*, which is available from the Division of Pensions and Benefits or on our Web site.

You should name both a Primary Beneficiary(ies) and a Contingent Beneficiary(ies) for this benefit. If you find it

necessary to use additional sheets to complete this section, write "see attached" in the beneficiary area of the application. The attachments, which you should label "Life Insurance Beneficiaries," must also be signed and dated.

Primary Beneficiary(ies) - List the full name, relationship to you (if not related, write "friend"), birth date, Social Security number (optional), and address of the individual(s)/entity(ies) you want to receive your life insurance proceeds. If you name more than one Primary Beneficiary, the "lump sum" insurance proceeds will be divided equally among those listed. If you do not wish to divide the proceeds equally, please contact the Division of Pensions and Benefits for assistance.

Contingent Beneficiary(ies) - List the full name, relationship to you (if not related, write "friend"), birth date, Social Security number (optional), and address of the individual(s)/entity(ies) you want to receive your life insurance proceeds should your primary beneficiaries not be living at the time of your death. If you name more than one Contingent Beneficiary, the "lump sum" insurance proceeds will be divided equally among those listed. If you do not wish to divide the proceeds equally, please contact the Division of Pensions and Benefits for assistance.

The designation of beneficiary becomes effective when your *Application for Disability Retirement* is received by the Division of Pensions and Benefits.

The amount by which your group life insurance is reduced at retirement **may be converted** at retirement to a non-group policy. Conversion must be done **within 31 days** of the termination of employment. If you need further information about conversion, see Fact Sheet #13, *Conversion of Group Life Insurance* (included in this booklet).

MEMBER'S SIGNATURE AND DATE - Sign and date this page. Your application cannot be processed without your signature.

AUTHORIZATION FOR DIRECT DEPOSIT

Included in this packet is a form for initiating the direct deposit of your retirement checks. Please complete the *Authorization for Direct Deposit of Benefit Payment* form and send it to the Division of Pensions and Benefits along with your retirement application.

Signing up for direct deposit is a risk-free opportunity to have your retirement benefits available to you the first of every month. **Having your retirement check directly deposited into your checking or savings account eliminates the possibility of a check being lost or stolen. It normally takes 3-4 weeks to have a lost or stolen retirement check replaced.** It also makes it unnecessary for you to go to your bank during periods of inclement weather.

Upon verification of your account information with your bank, your retirement check will be directly deposited in your checking or savings account and you will receive a *Statement of Allowances and Deductions* in the mail. Thereafter, you will receive a *Statement of Allowances and Deductions* each December that summarizes your allowance and deduction information for the year. You will also receive the statement anytime there is a change to your financial information, bank information, or your address. Otherwise, monthly statements are not sent, however, your monthly allowance and deduction information is always available 24 hours a day, 7 days a week by calling the Division's Automated Information System at (609) 777-1777.

MEDICAL EXAMINATION FORM INSTRUCTIONS

The Division of Pensions and Benefits needs at least two pieces of medical evidence to determine your eligibility. We require *Medical Examination by Treating*

Physician forms from at least two doctors who treated you for your disability or from one doctor if a separate record of treatment for the disability will be sent by a hospital. Complete Part One of the *Medical Examination by Treating Physician* form and give it to your doctor(s) to complete the rest. It is your responsibility to ensure your doctors complete and forward the forms to the Division of Pensions and Benefits.

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION FORM INSTRUCTIONS

This form is required if your disability included any hospitalization. Complete the form and present it to the Records Section of the hospital. You will be responsible for any costs associated with obtaining hospital records required to support your application. If you were not hospitalized for the disability, check the box indicated on the form and return it to the Division of Pensions and Benefits with your retirement application.

EMPLOYER CERTIFICATION

It is important that you notify your employer of your retirement plans since your employer must complete the *Employer Certification for Disability Retirement* included in this application package. Your retirement cannot be processed until the Division of Pensions and Benefits receives this certification.

**PUBLIC EMPLOYEES' RETIREMENT SYSTEM AND TEACHERS' PENSION AND ANNUITY FUND
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS
APPLICATION FOR DISABILITY RETIREMENT**

PLEASE READ THE ATTACHED INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.

PART ONE: MEMBER INFORMATION (Please print - black ink preferred - or type.)

1. INDICATE YOUR PENSION FUND: ☐ PERS ☐ TPAF 2. MEMBERSHIP NUMBER _____
3. SOCIAL SECURITY NO. _____ 4. DATE OF BIRTH _____
Month Day Year
5. NAME _____
Last First Middle
6. ADDRESS _____
Street Apt. No.
City State Zip
7. HOME PHONE (_____) _____ 8. WORK PHONE (_____) _____
9. HOME E-MAIL ADDRESS _____

PART TWO: DISABILITY RETIREMENT INFORMATION

10. RETIREMENT DATE — To be effective the first day of _____
Month Year
11. TYPE OF DISABILITY RETIREMENT — See enclosed Fact Sheet #15 for an explanation of each type.
☐ ORDINARY DISABILITY (Complete items #12, 13, and 15)
☐ ACCIDENTAL DISABILITY (Complete items #12, 13, and 14) - *Application must be filed within five years of date of accident.*
Date of Accident(s) 1.) _____ 2.) _____
Month Day Year Month Day Year
12. Has a claim been filed for Workers' Compensation? ☐ NO ☐ YES
13. I declare that I am **incapacitated** for further service as a _____
due to the following reasons: Title of Position

14. (*Accidental Disability Only*) Describe the accident(s) and list any witnesses to it.

15. SALARY INFORMATION — (*Ordinary Disability Only*) Were your last three years of service also the years during which you earned the highest salaries?
☐ YES ☐ NO (If no, list the three fiscal years (July - June) in which you earned the highest salaries)

Year 1 Year 2 Year 3
16. PURCHASE INFORMATION — Have you applied to purchase pension service credit within the past six months? ☐ YES ☐ NO
17. SPOUSE OR DOMESTIC PARTNER'S NAME _____
(If you are naming a domestic partner, submit a photocopy of your *Certificate of Domestic Partnership* along with this application)
18. SPOUSE OR DOMESTIC PARTNER'S ADDRESS (If different from yours)

CONTINUE TO PART THREE ON REVERSE TO SELECT A PAYMENT OPTION

PART THREE: CHOOSE A RETIREMENT PAYMENT OPTION AND NAME A BENEFICIARY**USE THIS PAGE FOR THE MAXIMUM OPTION OR OPTION 1 ONLY****(Additional payment options are listed on the following page)**

Indicate whether your choice for a method of payment is the Maximum Option or Option 1. Maximum Option and Option 1 Beneficiaries share the benefit equally. Refer to Fact Sheet #5, *Pension Options* (in this booklet) for an explanation of each option. You will receive a monthly retirement allowance for your lifetime, regardless of which option you choose. **Choosing an option other than the Maximum will reduce your retirement allowance.** You cannot change your payment option once your retirement becomes "due and payable" (see *Your First Retirement Check* on page 2). **Mark only one box.**

☐ **MAXIMUM OPTION — NO PENSION BENEFIT TO BENEFICIARY** — Largest allowance paid to you with no pension benefit paid to a beneficiary upon your death. _____

(You must sign here)

☐ **OPTION 1 - REDUCING RETIREMENT RESERVE TO A BENEFICIARY** — Your beneficiary receives the balance of a reserve set up to pay your retirement allowance if you die **before the reserve is depleted.** You can name more than one beneficiary and you can change your beneficiary(ies) at any time after retirement.

NAME A RETIREMENT OPTION BENEFICIARY (OR BENEFICIARIES) FOR THE MAXIMUM OPTION OR OPTION 1**PRIMARY BENEFICIARY(IES)**

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER (Optional)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			

CONTINGENT BENEFICIARY(IES) — *If no Primary Beneficiary is living at my death, payment is to be made to:*

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER (Optional)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			

(Attach additional sheets for 3 or more Beneficiaries. Additional sheets must be signed and dated.)

MEMBER'S SIGNATURE**DATE**

_____, 20____
I attest that the information provided on this application is true and correct.

SIGN THIS PAGE IF SELECTING THE MAXIMUM OPTION OR OPTION 1 AND THEN CONTINUE TO PART FOUR**OTHERWISE, CONTINUE TO NEXT PAGE FOR ADDITIONAL PAYMENT OPTIONS**

MEMBER'S NAME _____ MEMBERSHIP NUMBER _____

BD-0019-0704

PART THREE (CONTINUED): OPTIONS THAT PROVIDE A MONTHLY PAYMENT TO A SURVIVING BENEFICIARY

Indicate your choice for method of payment. Refer to Fact Sheet #5, *Pension Options* (in this booklet) for an explanation of each option. You will receive a monthly retirement allowance for your lifetime, regardless of which option you choose. **Choosing an option other than the Maximum will reduce your retirement allowance to provide a monthly benefit to a beneficiary upon your death.** The higher your beneficiary's allowance, the more your allowance will be reduced. You cannot change your payment option once your retirement becomes "due and payable" (see *Your First Retirement Check* on page 2). **Mark only one box — if you selected the Maximum Option or Option 1 on the previous page, you cannot select one of the options listed below.**

Under **Options A, B, C, or D**, you can name only one beneficiary and you cannot change your beneficiary after retirement. If your beneficiary dies before you, your retirement allowance will increase to the Maximum Option.

- ☐ **OPTION A - 100% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION** — Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 100% of your monthly allowance.
- ☐ **OPTION B - 75% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION** — Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 75% of your monthly allowance.
- ☐ **OPTION C - 50% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION** — Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 50% of your monthly allowance.
- ☐ **OPTION D - 25% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION** — Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 25% of your monthly allowance.

Under **Options 2, 3, and 4**, you cannot change your beneficiary after retirement. Options 2 and 3 pay you a larger monthly retirement allowance than the corresponding Options A and C. However, under Options 2 and 3, if your beneficiary dies before you, you continue to receive the reduced allowance provided by that option.

- ☐ **OPTION 2 - 100% TO BENEFICIARY - PERMANENT REDUCTION** — You can name only one beneficiary. Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 100% of your monthly allowance.
- ☐ **OPTION 3 - 50% TO BENEFICIARY - PERMANENT REDUCTION** — You can name only one beneficiary. Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 50% of your monthly allowance.

RETIREMENT OPTION BENEFICIARY — For Options A, B, C, D, 2, and 3 you may list only ONE beneficiary.

BENEFICIARY NAME	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER (Optional)
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ADDRESS _____

- ☐ **OPTION 4 - CHOICE OF AMOUNT TO BENEFICIARY - PERMANENT REDUCTION** — You can name one beneficiary or multiple Beneficiaries. Upon your death, your beneficiary(ies) receives the lifetime monthly retirement allowance indicated.

OPTION 4 BENEFICIARIES (Attach an additional sheet for 3 or more Beneficiaries. Additional sheets must be signed and dated.)

BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER (Optional)
---------------------	--------------	------------	-----------------------------------

1. _____

ADDRESS _____

ENTER AMOUNT \$ _____ (can be no more than the Option 2 allowance).

2. _____

ADDRESS _____

ENTER AMOUNT \$ _____ (can be no more than the Option 2 allowance).

MEMBER'S SIGNATURE _____

DATE _____

_____, 20_____
I attest that the information provided on this application is true and correct.

SIGN THIS PAGE AND CONTINUE TO PART FOUR ON NEXT PAGE

MEMBER'S NAME _____

MEMBERSHIP NUMBER _____ SOCIAL SECURITY NUMBER _____

PART FOUR: DESIGNATION OF GROUP LIFE INSURANCE BENEFICIARY(IES)

Members with 10 or more years of membership credit or who retire on a disability retirement are covered by group life insurance at retirement. This section is used to name a beneficiary(ies) for your group life insurance, if any. Please be sure to name both a Primary and Contingent beneficiary. **Complete this section even if the beneficiary you name is the same as in Part Three.** This designation becomes effective when received by the Division of Pensions and Benefits.

PRIMARY INSURANCE BENEFICIARY(IES)

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER (Optional)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			

CONTINGENT INSURANCE BENEFICIARY(IES) — *If no Primary Beneficiary is living at my death, payment is to be made to:*

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER (Optional)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			

MEMBER'S SIGNATURE _____

DATE _____

_____, 20_____
 I attest that the information provided on this application is true and correct.

Return this application to:
Division of Pensions and Benefits
PO Box 297
Trenton, NJ 08625-0297

STATE OF NEW JERSEY - DIVISION OF PENSIONS AND BENEFITS

AUTHORIZATION FOR DIRECT DEPOSIT OF BENEFIT PAYMENT

INSTRUCTIONS:

- A: Read the terms and conditions listed below.
- B: Enter your name, mailing address, pension membership number, Social Security number, and home telephone number.
- C: Mark the account type box, and print the financial institution's account number, routing number, and name and address where indicated. Be sure to double-check your account and 9-digit routing numbers before submitting this form — inaccurate information will delay processing of this application or your payment.
- D: You and all other parties to this account must sign the form.
- E: Attach a VOIDED check or deposit slip and **return the completed form with your *Application for Disability Retirement*.**

RECIPIENT INFORMATION — Please Print Legibly

Your Name: _____ Membership No: _____

Your Address: _____ Social Security No: _____

_____ Home Phone No: _____

TYPE OF PAYMENT: ☒ RETIREMENT PAYMENT

_____ Your Account Number
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
_____ Financial Institution's 9-digit Routing Number

Name of Financial Institution

Street of Financial Institution

City, State, Zip of Financial Institution

Your Signature and Date

Signature(s) of Other Persons On Account and Date(s)

Please read the terms and conditions below and
ATTACH A VOIDED CHECK IF AUTHORIZING A CHECKING ACCOUNT
 (used to verify your financial institution's routing and account number)

TERMS AND CONDITIONS**Benefit Recipient**

I authorize the New Jersey Division of Pensions and Benefits and the financial institution indicated to directly deposit my net retirement allowance payment each month to the account specified. Direct deposit under this authorization is full satisfaction and discharge of the amount then due and payable under the retirement system or benefit program. I understand that the provisions of the statutes governing the pension funds prohibit the deposit of retirement payments to a trust fund. I understand that any retirement allowance payment forwarded to the financial institution with a due date after my death will be refunded to the appropriate retirement system. I agree that the financial institution shall have the right of offset for such a refund.

I further understand that this agreement may be changed by me upon written notification to the Division of Pensions and Benefits. The change will be processed for the pay period following receipt of the notice by the Division. I understand that a change in the title of this account which alters the interest of any party terminates this authorization, a notification must then be submitted. I understand that it is my responsibility to inform the Division of Pensions and Benefits of address changes immediately. I authorize the financial institution to provide the Division of Pensions and Benefits with my home address.

Other Parties to the Account

As a party to this account, I understand that I am personally liable, both individually and as a member of the group of parties to this account, for the full amount of all retirement allowance payments with due dates after the death of the benefit recipient withdrawn from the account. This liability is to the retirement system. If I am entitled to any benefit from the retirement system or benefit program as a beneficiary of the benefit recipient, the amount of my liability may be deducted from the amount payable to me. I agree that the financial institution shall have the right of offset for such a refund and I authorize the financial institution to provide the Division of Pensions and Benefits with my home address.

This form must be filed in support of an Application for Disability Retirement and is restricted to the confidential use of the retirement system.

Name _____ Date of Birth _____
Last, First, Middle Initial *Month, Day, Year*

Social Security Number _____ Job Title _____

1. History of the illness or injury causing the disability and any other pertinent past or present history:
2. Positive physical findings:
3. Significant laboratory, cardiographic, x-ray or other diagnostic data: (If available, please attach copies of narrative reports only. No films please.)
4. Diagnosis:

5. Is the applicant totally and permanently disabled and no longer able to perform his or her job duties:

☐ NO ☐ YES

If Yes, explain in what way the applicant's symptoms or physical findings prevent him or her from working:

6. a) Is the applicant's disability likely to be stable or progressive? ☐ Stable ☐ Progressive

b) If progressive, is death imminent? ☐ NO ☐ YES

c) Is there a possibility that the applicant might improve to a degree to perform the applicant's duties?

☐ NO ☐ YES

7. Is the applicant permanently and totally disabled as a direct result of an accident that occurred during the performance of the applicant's regular assigned duties?

☐ NO ☐ YES

If yes, explain the causal relationship:

(PLEASE TYPE OR PRINT CLEARLY.)

Physician's Name: _____ Degree: _____

Address: _____

_____ Phone: (____) _____

Specialty: _____ NJ License Number: _____

Signature of Physician

Date

This form must be filed in support of an Application for Disability Retirement and is restricted to the confidential use of the retirement system.

Name _____
Last, First, Middle Initial

Date of Birth _____
Month, Day, Year

Social Security Number	Job Title
------------------------	-----------

Please complete this form in its entirety. You may include copies of office notes to provide additional documentation but **each question must be answered on this form**. An incomplete form will be returned to the member and will delay processing of the application.

1. History of the illness or injury causing the disability and any other pertinent past or present history:
2. Positive physical findings:
3. Significant laboratory, cardiographic, x-ray or other diagnostic data: (If available, please attach copies of narrative reports only. No films please.)
4. Diagnosis:

5. Is the applicant totally and permanently disabled and no longer able to perform his or her job duties:

☐ NO ☐ YES

If Yes, explain in what way the applicant's symptoms or physical findings prevent him or her from working:

6. a) Is the applicant's disability likely to be stable or progressive? ☐ Stable ☐ Progressive

b) If progressive, is death imminent? ☐ NO ☐ YES

c) Is there a possibility that the applicant might improve to a degree to perform the applicant's duties?

☐ NO ☐ YES

7. Is the applicant permanently and totally disabled as a direct result of an accident that occurred during the performance of the applicant's regular assigned duties?

☐ NO ☐ YES

If yes, explain the causal relationship:

(PLEASE TYPE OR PRINT CLEARLY.)

Physician's Name: _____ Degree: _____

Address: _____

_____ Phone: (____) _____

Specialty: _____ NJ License Number: _____

Signature of Physician

Date

State of New Jersey • Department of the Treasury
Division of Pensions and Benefits • PO Box 297 • Trenton, NJ 08625-0297 • (609) 292-7524

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name _____ Date of Birth _____

Address _____

Telephone _____

- ☐ If you were **not** hospitalized for your disability, check this box and return this form to the Division of Pensions and Benefits along with your *Application for Disability Retirement*. In that case, medical examination reports from two physicians must be submitted before a determination can be made.

I hereby authorize _____

Name of Hospital

to release my health information to the Division of Pensions and Benefits, PO Box 297, Trenton, NJ 08625-0297.

The information to be disclosed to and used by the above is for the purpose of determining eligibility for disability retirement.

This authorization is limited to the following dates of treatment:

From _____ To _____

A Discharge Summary must be included along with the following as indicated:

- | | | |
|--|--|--|
| <input type="checkbox"/> EMERGENCY ROOM RECORD | <input type="checkbox"/> CONSULTATIONS | <input type="checkbox"/> COMPLETE RECORD |
| <input type="checkbox"/> HISTORY & PHYSICAL EXAM | <input type="checkbox"/> PROGRESS NOTES | <input type="checkbox"/> EEG TRACINGS |
| <input type="checkbox"/> OPERATIVE REPTS & PATHOLOGY | <input type="checkbox"/> LAB, X-RAYS & TESTS | <input type="checkbox"/> OTHER _____ |
| | <input type="checkbox"/> PATHOLOGY SLIDES | |

I understand that the information to be disclosed includes my identity, diagnosis and treatment, including ALCOHOL, DRUGS, GENETIC TESTING, BEHAVIORAL OR MENTAL HEALTH SERVICES, REPRODUCTIVE RIGHTS, SEXUALLY TRANSMITTED AND INFECTIOUS DISEASES, AIDS and HIV information, as applicable.

It is my intent that the information furnished is prohibited for any purpose other than stated above and that the recipient is prohibited from disclosing this information to any other party to whom disclosure is not necessary or required for the purpose stated above.

I understand that I have the right to revoke this authorization at any time. I understand if I revoke this authorization, I must do so in writing and present my written revocation to the Hospital named above. I understand that this revocation will not apply to the extent that you have already taken action in reliance on this authorization. This authorization will automatically expire 120 days from the date of my signature, unless I otherwise specify that this authorization will terminate on the following date _____.

IF THERE IS ANY CHARGE FOR THIS SERVICE, I WILL REIMBURSE THE HOSPITAL.
DO NOT SEND BILLS FOR SERVICE TO THE DIVISION OF PENSIONS AND BENEFITS.

Patient Signature _____ Date _____

State of New Jersey — Department of the Treasury
Division of Pensions and Benefits • PO Box 297 • Trenton, New Jersey 08625-0297 • (609) 292-7524

EMPLOYER CERTIFICATION FOR DISABILITY RETIREMENT

1. **TO: Board of Trustees** (Check appropriate fund) ☐ PERS ☐ TPAF ☐ PFRS ☐ SPRS ☐ JRS

2. **NAME OF EMPLOYEE** _____ **NAME OF EMPLOYER** _____
TITLE (Attach copy of job description - PERS only) _____ **EMPLOYER'S ADDRESS** _____
SOCIAL SECURITY NUMBER _____ **EMPLOYER'S ADDRESS (Continued)** _____
MEMBERSHIP NUMBER _____ **EMPLOYER'S PHONE NUMBER** _____

3. **Date employee's service terminated** (Applicant will not render any service to or earn salaries, wages, fees or other compensation from this agency after this date.) _____

4. **EMPLOYEE STATUS** ☐ Full-Time ☐ Part-Time

5. **AUTHORIZED LEAVE OF ABSENCE**

☐ Paid Sick Leave - Dates from _____ to _____
☐ Paid Personal Leave - Dates from _____ to _____
☐ Unpaid Sick Leave - Dates from _____ to _____
☐ Unpaid Personal Leave - Dates from _____ to _____
☐ Temporary Disability Insurance - Dates from _____ to _____

6. **UNAUTHORIZED LEAVE OF ABSENCE** — Dates from _____ to _____

7. a) **Is the member currently on suspension?** ☐ NO ☐ YES If yes, give date of suspension _____
Is suspension ☐ PAID or ☐ UNPAID

b) **Is the applicant facing disciplinary action?** ☐ NO ☐ YES If yes, attach copies of the preliminary and final notices of disciplinary action or their equivalents.

c) **Is the applicant facing indictment?** ☐ NO ☐ YES If yes, attach a copy of the indictment.

8. Was applicant dismissed? ☐ NO ☐ YES If yes, give reason and date _____

TYPE OF DISABILITY RETIREMENT (Select One) — ☐ ORDINARY ☐ ACCIDENTAL (Give dates of accident(s) below)

1) _____ 2) _____ 3) _____ 4) _____

9. **IF THE EMPLOYEE IS FILING FOR AN ACCIDENTAL DISABILITY RETIREMENT, PLEASE COMPLETE THE SECTION BELOW**

a) Did this accident occur during the performance of the employee's duties? ☐ NO ☐ YES

b) Is a record of this accident on file? ☐ NO ☐ YES If yes, attach copy of accident report, including any witness statements.

c) Was this accident a result of the employee's negligence? ☐ NO ☐ YES

d) Has the employee filed a claim for Workers' Compensation? ☐ NO ☐ YES

If yes, dates of periodic payments from _____ to _____

NAME OF WORKERS' COMPENSATION CARRIER _____

ADDRESS _____ **CLAIM NUMBER** _____

EMPLOYER CERTIFICATION FOR DISABILITY RETIREMENT

10. Base salary subject to pension fund contributions paid for the last full year of service ending on the date of termination (line 3 above); please list number of months at a particular salary and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.

TOTAL

_____ months @ \$ _____ from _____ to _____ \$ _____

_____ months @ \$ _____ from _____ to _____ \$ _____

_____ months @ \$ _____ from _____ to _____ \$ _____

_____ months @ \$ _____ from _____ to _____ \$ _____

TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ _____

11. Has member received a significant annual salary increase in the last 3 years of employment? ☐ NO ☐ YES *If yes, please provide a detailed explanation with documentation such as salary guides and employment contracts and ruling body minutes.*
12. Has there been any retroactive salary paid to the employee within the past three years? ☐ NO ☐ YES *If yes, please describe below:*

AMOUNT OF PAYMENT	DATE OF PAYMENT	COVERING THE DATES (FROM - TO)	PENSION DEDUCTION	NEW ANNUAL BASE
\$ _____		TO _____	\$ _____	\$ _____
\$ _____		TO _____	\$ _____	\$ _____
\$ _____		TO _____	\$ _____	\$ _____

13. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS).

State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 13.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER		PENSION CONTRIBUTION		LOAN REPAYMENT		BACK DEDUCTIONS		ARREARS AND/OR PURCHASES	TOTAL PENSION DEDUCTIONS	
							NO. PAYMENTS	AMOUNT			
	\$ _____		\$ _____		\$ _____			\$ _____	\$ _____	\$ _____	
	\$ _____		\$ _____		\$ _____			\$ _____	\$ _____	\$ _____	

✓ CHECKLIST — The following items must accompany this form:

- _____ 1. Job Description (mandatory - PERS only)
- _____ 2. Copies of indictments, convictions, and/or preliminary and final notices of disciplinary action. (If Question #7 is answered yes.)
- _____ 3. Copies of accident reports, incident reports, witness statements, medical records relating to the incident, and other related documents (Accidental Disability only).
- _____ 4. Copies of Workers' Compensation awards (Accidental Disability only).

Name of Certifying Officer _____ Phone Number (_____) _____

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.

Certifying Officer Signature _____ Date _____

NOTE: If a member of the retirement system qualifies for periodic benefits payable under the Workers' Compensation law during the course of active employment, regular pension contributions must be paid to the system by the employer. The payments are computed on the base salary paid immediately prior to the receipt of Workers' Compensation benefits. These payments are credited to the member's account in the system and will be treated as employee contributions for all benefit or claim purposes.

State of New Jersey
Department of the Treasury
Division of Pensions and Benefits
PO Box 297, Trenton, NJ 08625-0297

CHANGE OF DISABILITY RETIREMENT

These changes can only be made before the retirement is due and payable.

Check one: ☐ Public Employees' Retirement System ☐ Teachers' Pension and Annuity Fund

Membership Number _____ Social Security Number _____

Name _____

Address _____

☐ Check here if this is a new address.

I previously filed an *Application for Disability Retirement* with the Division of Pensions and Benefits. I wish to make the following change to that application (check box that applies):

☐ **Change Retirement Date** — I wish to change the effective date of my retirement from:

_____ to _____ (May be any first of the month after the receipt date of the original *Application for Disability Retirement*. **Your employer must complete the salary certification on the back of this form.**)

☐ **Change Option Selection** — I wish to change my option selection from:

_____ to _____. I understand that the beneficiaries on file with the Division of Pensions and Benefits will remain in force unless I submit a Designation of Beneficiary form along with this application. I understand that once my retirement is due and payable, no further change in option will be permitted. My signature indicates that I understand that if I choose the Maximum Allowance, there are no pension benefits payable to my spouse or other beneficiary.

☐ **Cancel Retirement** — I wish to cancel my retirement which was to be effective on

_____. I will continue in employment. (Canceling your retirement does not guarantee reemployment with your employer.) I understand that this application cannot be reinstated and that I must file a new retirement application when I apply again on a future date. I further understand that the beneficiaries designated on my retirement application will remain in effect until I change them by submitting a new *Designation of Beneficiary* form or a new retirement application.

Signature

Date

CHANGE OF DISABILITY RETIREMENT EMPLOYER CERTIFICATION

1. _____
- | | |
|------------------------|-------------------------|
| NAME OF EMPLOYEE | NAME OF EMPLOYER |
| SOCIAL SECURITY NUMBER | EMPLOYER'S PHONE NUMBER |
| MEMBERSHIP NUMBER | |

The employee named above has elected to change his/her retirement date to the date shown on the front of this form.

- **If you have already submitted** a *Certification for Disability Retirement* for the former date to the Division of Pensions and Benefits, please complete this form and return it to the Division.
- **If you have not already submitted** a *Certification for Disability Retirement*, you cannot use this form. Instead, you **must** complete a *Certification for Disability Retirement* in its entirety and return it with this Change Request form to the Division.

2. **Date employee's service terminated** (Applicant will not render any service to or earn salaries, wages, fees or other compensation from this agency after this date.) _____

3. **Base salary subject to pension fund contributions** paid for the last full year of service ending on the date of termination (line 2 above); please list number of months at a particular salary and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.

TOTAL

_____ months @ \$ _____ from _____ to _____ \$ _____

_____ months @ \$ _____ from _____ to _____ \$ _____

_____ months @ \$ _____ from _____ to _____ \$ _____

_____ months @ \$ _____ from _____ to _____ \$ _____

TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ _____

4. The following deductions have been made or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see QUARTERLY REPORT OF CONTRIBUTIONS).

State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 4.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER		PENSION CONTRIBUTION		LOAN REPAYMENT		BACK DEDUCTIONS		ARREARS AND/OR PURCHASES		TOTAL PENSION DEDUCTIONS	
							NO. PAY- MENTS	AMOUNT				
	\$		\$		\$			\$		\$		\$
	\$		\$		\$			\$		\$		\$

Name of Certifying Officer _____ Phone Number (____) _____

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.

Certifying Officer Signature _____ Date _____